

CHILD

Assessment Questions

Age 2 years

1. What is your greatest concern about your child?

Free form answer

2. Does your child have medical care and dental care (one answer)?

Medical (well/sick)

Dental

Both

Neither

3. Tell me about any medical or dental issues your child has.

Free form answer

4. Tell me if your child consumes any of the following (may choose more than one answer):

N/A

Multivitamins

Other supplements

Herbs

Teas

Medications

Non-food items

Runny eggs

Unpasteurized dairy products or juices

Undercooked meats or fish

Unwashed produce or sprouts

5. Does your child's caregiver (babysitter, child care provider) smoke indoors (one answer)?

Yes

No

6. What foods does your child eat?

A. Describe a meal time in your home.

B. How frequently does your child eat in a day?

C. How many meals are eaten elsewhere (daycare, restaurant/fast food, other)?

Free form answer

7. Which utensils does your child use (may choose more than one answer)?

*Spoon
Fork
Table knife*

8. What does your child drink throughout the day?
- A. What kind and how much milk?
 - B. How many ounces of juice per day?
 - C. Any other drinks daily? Water?
 - D. What does your child drink from (sippy, cup, bottle, other)?

Free form answer

9. Do you have any additional questions?

Free form answer

Possible discussion topics:

My Plate
Age appropriate foods and serving sizes
Division of responsibility
Meal planning, preparation, budgeting
Foods high in iron
Food safety
Non-dairy sources of calcium
Weaning from the bottle
Dental care

Potential referrals:

Medicaid
SNAP
Food banks
Healthcare provider
RD
Childcare provider
Immunizations

Mid-Year Certification Questions

1. What is your child consuming in a typical day now?

Free form answer

2. Do you have any concerns about his/her intake (picky eating, changes in appetite, etc.)?

Free form answer

3. Have there been any changes with your child's health (new diagnoses)? Any new medications or supplements?

Free form answer

4. What does your child do for physical activity? How much per day? Screen time?

Free form answer

5. Do you have any questions for me?

Free form answer